Centre for Integrative Medical Training
In Association with the Centre for Integrative Care &
The Academic Department, Royal London Hospital for Integrated Medicine

Foundation Course in Medical Homeopathy

A Blended Course in Homeopathic Medicine for Healthcare Professionals

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Part 5.10

The second prescription - some pointers on when & how to re-prescribe

In this foundation course you have been introduced to a spectrum of remedies ranging from 'small' remedies with a fairly specific remit, to polychrests whose therapeutic range may still not be fully familiar to you even after ten years in homeopathic practice!
Nevertheless, at this stage it will probably not be too difficult for you to decide on a first prescription in many cases.

It has been said that homeopathy is 'easy' to begin with, becomes difficult as the methodology becomes more detailed, and ultimately becomes 'easy' again. Among the earliest difficulties you are likely to encounter are the decisions which govern the second prescription.

To obtain consistently good clinical results you need to know whether to represcribe, or whether to repeat a prescription, alter the potency and/or doseage, or simply wait.

Effective decisions require a detailed assessment of the patients' response to the previous remedy. The reason a second prescription is often more challenging is because you need to decide **a)** whether the remedy has acted according to your expectations, or **b)** has failed to act; whether **c)** it continues to act, or **d)** has brought the patient to a steady state. If the patient is in a steady state, how does this compare to the way they were before treatment ? This assessment will require all your skill and judgement and a knowledge of the natural disease process.

The second prescription defined by Kent is: "the one after the one that has acted". This implies, that several remedies may have been prescnbed before a response is seen in the patient. Another remedy should only be prescribed after careful assessment of the case. It cannot be emphasised enough that one of the best responses of the homeopath is to watch and wait, rather than rushing and administering another remedy. When facilitating self recovery, you cannot 'push' the patient towards recovery, faster than their natural processes of reorientation will take them.

After a clear remedy response, wait until the patient's improvement has plateaued before represcribing. There is very little point in prescribing when there is still movement in the case, not just because you are likely to block or reverse their improvement, but also because their symptomatology is still in flux and the data that will inform your decision is not reliable at this stage.

There are several possibilities for the second prescription:

- Repetition of the same remedy
- Complementary remedy
- Use of an antidote
- Unrelated remedy

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Repetition of the same remedy in the same or another potency. This is indicated after a remedy has acted, but where the action has come to a halt or worn off. Repeating the dose may result in the complete resolution of symptoms in a curable case. A remedy that evokes a good response should not be abandoned until it has been repeated in different potencies.
If the same symptoms recur again and again, a related remedy may deliver a more profound response, or one that is better maintained.

Complementary remedy: The administration of a complementary remedy is indicated when there is only partial resolution of the complaint or if a remedy that has evoked a response needs to be repeated at frequent intervals as described above. Remedy relationships will be studied in greater depth in the intermediate course.

An antidote can be applied in the event of a severe aggravation, or if new symptoms emerge which are distressing and do not subside in an appropriate time period. The decision to administer an antidote depends on the patient's general condition and the nature of the complaint induced by the remedy.

Unrelated remedy: Administration of a remedy that has no relationship to the first remedy. Acutes can arise that represent a new state which implies new treatments. For minor problems that are likely to resolve on their own it is often best to avoid prescribing, and wait to see if the background problems continue to resolve.

Where a prescription has failed to help and you have excluded 'blocks to cure' you will probably review the case and revise your disease model. This may lead you towards a completely different shortlist of remedies and a change in your choice of potency and dosage.

A series of unrelated remedies is sometimes used, in an attempt to evoke a staged resolution of multiple problems. This approach is full of pitfalls for the inexperienced prescriber. Always remember that the first interview is often the most complete assessment of the case. Use it as a point of reference and try to make all your prescriptions as focussed and considered as the first.

Nosode: Indications for the different nosodes will be covered in much greater depth at post-foundation level.
You have encountered some elementary indications for using nosodes in the units covering the treatment of uncomplicated infections.

Further Reading

J.T.Kent: *Lecture Notes on Homeopathic Philosophy*
H.A.Roberts: *The Art of Homeopathy*

Nicola Henriques: *Crossroads to Cure: The Homoeopath's Guide to Second Prescription*
ISBN-13: 978-0966338805 ISBN-10: 0966338804

A more involved discussion on the second prescription is available in this video from Dr.Tejashri Thakare, Assistant Professor, Department of Organon of Medicine and Homoeopathic Philosophy, Motiwala Homoeopathic Medical College
https://youtu.be/5CpS7j6KFW8

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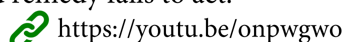
What to do when a well indicated remedy fails

No treatment is a panacea and all medicines, conventional and homeopathic, fail to help from time to time.

Presentation

Watch this archive recording from the Intermediate Course in Medical Homeopathy at the Royal London Homeopathic Hospital. Dr Peter Fisher describes some of the strategies that he uses when a well indicated remedy fails to act.



https://youtu.be/onpwgwo

You will find Dr Fisher's lecture support notes in your supplemental materials. Many of the scenarios presented come from his rheumatology clinic at the Royal London Homeopathic Hospital and some of the remedies mentioned will be explored at greater depth in your post-foundation studies.
Dr Fisher also mentions *miasmatic prescribing* which relates to a Hahnemannian concept for chronic illness. Knowledge of miasms is not part of the Foundation Course.

The miasm concept is an abstract idea relating to an acquired, or inherited predisposition or vulnerability.
Some commentators relate the origin to epigenetic influences or changes in gene expression occurring when an individual in the miasmatic chain has been subject to a chronic infective process.

You have already encountered some **remedy relationships** earlier in your Foundation Course, including two of the *Bowel Nosodes* mentioned by Dr Fisher in his presentation.

Take note of the following associations once again:

***Sulphur* - *Morgan pure* (*Psoric miasm*)**
In cases with a partial response to *Sulphur*, consider the nosode *Morgan pure* in stat high potencies, particularly if there are congestive bowel symptoms (including constipation or haemorrhoids) in conjunction with inflammatory skin problems with itching (*psoric miasm*).
Other remedies that you are already familiar with and that can also have this 'psoric tendency' include *Calcarea carbonica.*

***Thuja* - *Sycotic co* (*Sycotic miasm*)**
Similarly when you encounter a partial response to *Thuja*, consider using *Sycotic co*.
Once the patient has been through a response to the nosode, you will often find a much improved response when you come to repeat your main ' classical' remedy.
Pulsatilla can follow <u>either</u> *Morgan pure* or *Sycotic co* well, depending on whether the presentation is mainly 'psoric' with skin symptoms dominating the picture, or 'sycotic' with mainly catarrhal respiratory complaints.

These remedy relationships can be important in the treatment of subacute and chronic presentations and can be important when a well-indicated remedy fails. We will conclude this section with an overview of *Remedy Relationships*.

The Relationship of Remedies

Remedy relationships can be important when treating chronic cases, especially when a remedy sequence is indicated.

Chronic case management is not within the scope of the Foundation Course. But you may encounter sub-acute cases where some guidance on followup prescribing will be helpful after you have secured an initial response in your patient.

You will find that many materia medicas contain a list of related remedies at the end of each remedy description. It is hoped that this section will help you make some sense of these.

Historically, Hahnemann pointed to antidotes to remedies in his *Materia Medica Pura*. Clemens Von Boenninghausen was the first to systematically explore these relationships.
Later, clinicians like Constantine Hering and John Henry Clarke added newly proven remedies to the original lists.

A homeopathic remedy can be related to another material by virtue of having:

- a common source
- a similar source
- a common constituent
- a chemically related constituent
- a similar symptom picture
- a common symptom area
- a similar tissue affinity
- agonistic or antagonistic biochemical properties
- an affinity for different parts of a disease process
- an affinity for the same part of different disease processes
- a temporal relationship being known to follow one another well, or antidote one another
- a phasic action on different parts of a cyclical or dynamic process

Common source

Remedies may bear a common source yet have usefully distinct identities. For example, *Digitalinum* and *Digitoxinum* are different cardiac glycosides found in the same plant; *Magnetis polus australis* and *Magnetis polus arcticus* are the magnetic fields at opposite poles. *Brucea antidysenterica* is the bark of *Nux vomica* (*Angustura spuria*).

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Similar source

Angustura vera and *Angustura spuria* are different subspecies and have many common features in their symptom picture, and several useful distinctive symptoms and modalities. Related subspecies within certain taxonomical orders are worth bearing in mind. In the following examples, more than one subspecies is used homoeopathically: *Aconitum, Aesculus, Apocynum, Cannabis, Eupatorium, Lobelia, Solanum, Veratrum*.

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Common constituent

An active constituent may feature in more than one remedy, but the homoeopathic profile of each remedy may be profoundly different due to differences in the relative concentrations in each source and the modifying effects of other active constituents. *Nux vomica* and *Ignatia*, for example, both contain strychnine, yet one is associated with disinhibition and rapid loss of control, whereas the other is associated with the opposite extreme of over-control and inhibition.

Similar symptom picture

Natrum muriaticum and *Ignatia* are widely considered to be complementary remedies, yet one comes from a mineral source and the other from a botanical source. Their affinities for similar mental-emotional conditions, however, links them and often makes it appropriate to follow one with the other.

Chemically related constituent

Agaricus phalloides (Death cap), although it is a fungus, its principal toxin is similar to that of *Crotalis horridis* (Rattlesnake). *Convallaria* has a similar action to *Digitalis* in material doses since they both contain cardiactive glycosides.

Common symptom area

Absinthinum used to be abused in combination with alcoholic beverages, having a similar action to alcohol, only much more toxic. It remains a useful remedy for the persistent effects of repeated alcohol abuse.

Similar tissue affinity

Different materials may have biochemical affinities for the same tissue receptor, enzyme, cellular constituent, or perhaps to different parts of the same tissue. They may therefore be linked by virtue of their agonistic or antagonistic pharmacokinetics. *Manganum* and *Ferrum*, for example, have similar symptom pictures due to their closely similar chemical properties and similar tissue affinities.

Affinity for different parts of a disease process

This aspect is most often used in pluralist methods of homoeopathy where 'complexes' or compound preparations are used for a specific illness.

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One German manufacturer combines *Mezereum* in low and high potencies, with *Arsenicum album* in low and high potencies and markets the combination as a treatment for Herpes zoster. In this situation the *Arsenicum album* has an affinity for the peripheral nerve afferents and the burning neuralgic pain, whereas the *Mezereum* has a direct pathological action on the vesiculating skin eruption. This is not a true remedy relationship but more a process of selective remedy matching.

Affinity for the same part of different disease processes
This is another example of remedy matching which is utilised by the 'pluralists'. Whooping cough, bronchiolitis and asthma are three different conditions which are characterised by smooth muscle spasm of the airways giving rise to stridor or wheeze. One manufacturer of complexes supplies a proprietary combination of *Drosera* and *Cuprum aceticum*, which are both associated with bronchospasm. Once again they are unrelated apart from a similarity in one aspect of their otherwise different symptom pictures.

Temporal relationships
Temporal relationships are a little more difficult to define. The natural progress of some illnesses are characterised by a sequence of contrasting states, each of which warrants a different remedy. *Herpes zoster*, for example, will often have a prodromal phase, a viraemic phase with lassitude and sometimes fever, an exanthematous stage, a phase of host reaction, a recuperative phase, and sometimes a longstanding period with chronic sequelae (post-herpetic neuralgia).

The prodromal phase might be treated with potencies of *Herpes zoster* in the case of the contact by a susceptable person with acute chickenpox. The viraemic phase might be treated with *Belladonna*, depending on the symptom complex and modalities which are present. The exanthematous stage might be treated with *Rhus toxicodendron* or *Mezerium* depending on the physical character of the skin eruption and the nature of the local sensations, and the post herpetic neuralgia might be treated with *Arsenicum album* or *Ranunculus bulbosis*.

Much of the technique of acute prescribing is based on temporal relationships between remedies, ie. what is known to follow what and when in the illness do they work optimally. Generalisations have been made in the

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temporal relationships between Aconite and Sulphur, Ignatia and Natrum muriaticum, Belladonna and Calcarea carbonica, Pulsatilla and Silica. These are listed in the *materia medica* as 'the acute analogue of...' or 'chronic relation of...' or 'follows well', or 'compatible with'.

Negative relationships have also been identified. In these situations one remedy has been observed to antidote or reverse the action of another. In practice, nearly any remedy can block or subvert the action of another, but those frequently found to do so are listed as 'inimical' or 'antidoting' or 'incompatible'. Remedies from closely similar species are often found to be incompatible with one another. The symptom picture of one such material seems to cause a resonance which blocks the action of the other.

Likewise Clarke says of *Bryonia* and *Calcaria carbonica* that 'their resemblance is too close for compatibility' and that consequently 'they should never be given one after the other without an intercurrent remedy between'. Clarke is one of the authorities on remedy relationships and it is probably advisable to heed his advice!

Phasic action

Those illnesses of a relapsing or periodic nature often require different remedies at different points in their cycle. *Bryonia* and *Natrum mur* go well together, especially in the treatment of recurrent headaches, and they are often complementary to one another when used in different phases. The timing of tautopathic oestrogen and progesterone in menstrual disorders must also take account of their phasic relationships.

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Further Relevant Reading

Try to read as many of the following articles as possible.

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Relationship of homeopathic remedies
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Homeopathy and trace elements
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Fayazuddin M
The study of remedies by comparison
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Krishnamurthy PS
The supreme utility of drug-relationship in homoeopathy
Hahnemannian Gleanings 1976 Jun;43(6): 285-287

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Relationship of homoeopathic remedies
Hahnemannian Gleanings 1978 Apr;45(4): 177-181

Jenkins MD
A physiological approach to the materia medica
bowel nosodes, proteus, bacillus, drug relationships
PHYSIOLOGY, ADRENAL GLANDS, TIME, CHRONOBIOLOGY, ADRENAL CORTEX HORMONES
Hahnemannian Gleanings 1979 Mar;46(3): 108-116

Acute and chronic
drug relationships
Homoeopathy 1966 May;16(5): 65

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